

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

ADDRESS (number and street) ▼

655 Beach Street

☐ Check if different than previously reported. (ACC)

San Francisco

CA

94109

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00196246

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2014

through

M M M / D D D / Y Y Y Y Y Y
07 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steven Rausch

Signature of Treasurer

Steven Rausch

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
08 20 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y 07 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		450006.08
(b) Cash on Hand at Beginning of Reporting Period.....	534836.62	
(c) Total Receipts (from Line 19)	59286.26	460343.11
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	594122.88	910349.19
7. Total Disbursements (from Line 31)	84556.21	400782.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	509566.67	509566.67
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	4

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	43698.62	370332.62
(ii) Unitemized	15587.64	87510.49
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	59286.26	457843.11
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	59286.26	457843.11
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	59286.26	460343.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	59286.26	460343.11

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	56.21	699.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	56.21	699.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	84500.00	400000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	83.33
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	83.33
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	84556.21	400782.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	84556.21	400782.52

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	59286.26	457843.11
34. Total Contribution Refunds (from Line 28(d))	0.00	83.33
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	59286.26	457759.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	56.21	699.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	56.21	699.19

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Omar Almallah

Mailing Address 20 Mule Rd

City

Toms River

State

NJ

Zip Code

08755-5028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2014

Transaction ID : A119D29C-BFBB-4E8A-B

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Aaron Appiah

Mailing Address 2280 Wednesday St

City

Tallahassee

State

FL

Zip Code

32308-4387

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 29 / 2014

Transaction ID : 7DB3B1B5-7542-4F47-B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Joe Arterberry

Mailing Address 224 E Broadway Ste 110

City

Louisville

State

KY

Zip Code

40202-2016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 4D6A1458-EFD6-4394-B

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 61
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. James Arthur

Mailing Address 3769 Crossings Dr

City State Zip Code
 Prescott AZ 86305-7121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 30 / 2014

Transaction ID : EB3D1B75-BD18-40AC-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Omar Awad

Mailing Address 1347 Larpenteur Ave W

City State Zip Code
 Falcon Heights MN 55113-6302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 15 / 2014

Transaction ID : 1472DCDC-EAB9-43D8-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Stuart Ball

Mailing Address 2880 Dauphin St

City State Zip Code
 Mobile AL 36606-2457

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 15 / 2014

Transaction ID : 3EDBCDC9-4BD4-4B78-B

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. J. Chandler Berg

Mailing Address 2709 Meredyth Dr Ste 110

City Albany State GA Zip Code 31707-0201

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 15 / 2014

Transaction ID : DBC2B250-8AF9-4526-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. David Blandford

Mailing Address 1937 Old Main St Ste 2

City Maysville State KY Zip Code 41056-8956

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

07 / 15 / 2014

Transaction ID : 460CB536-30A3-4275-9

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Robert Block

Mailing Address 12 Curtis St

City Meriden State CT Zip Code 06450-5900

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

07 / 15 / 2014

Transaction ID : 9DC566CD-4097-4AAA-9

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David Bogorad

Mailing Address 1120 15th St

City State Zip Code
 Augusta GA 30912-0004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 31 / 2014

Transaction ID : B0D1F68A-50C0-437E-B

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Michael Borne

Mailing Address 1190 N State St Ste 500

City State Zip Code
 Jackson MS 39202-2473

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 03 / 2014

Transaction ID : 71BB568C-F6DB-4532-B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. David Boyer

Mailing Address 1127 Wilshire Blvd Ste 1620

City State Zip Code
 Los Angeles CA 90017-4007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 15 / 2014

Transaction ID : 51289E85-362E-4F1D-B

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

1113.75

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Michael Brennan

Mailing Address 1016 Kirkpatrick Rd

City
Burlington

State
NC

Zip Code
27215-9714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 21 / 2014

Transaction ID : 2AF6A8BB-0C30-4627-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Miles Burke

Mailing Address 8475 Sleepy Hollow Drive

City
Cincinnati

State
OH

Zip Code
45242

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 23 / 2014

Transaction ID : FDB7B96F-BAED-484A-9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Frank Burns

Mailing Address 13324 Shelbyville Rd.

City
Louisville

State
KY

Zip Code
40223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

07 / 31 / 2014

Transaction ID : F90EF12F-8676-4CB9-9

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

698.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. John Campagna

Mailing Address 414 Navarro St Ste 400

City State Zip Code
 San Antonio TX 78205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 25 / 2014

Transaction ID : AC259CEF-256D-487D-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Louis Cantor

Mailing Address 1160 W Michigan St

City State Zip Code
 Indianapolis IN 46202-5209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 22 / 2014

Transaction ID : CA752E61-B423-4793-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ronald Case

Mailing Address 5525 Scott Lake Rd

City State Zip Code
 Lakeland FL 33813-2892

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

self

ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : 3F10A8E2-1348-4477-8

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1730.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Ivan Castillo Salazar

Mailing Address 1712 Norwich Way

City State Zip Code
 Bakersfield CA 93311

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : 74D7679B-3DAF-420D-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Jack Mabry Mabry Chapman

Mailing Address 2061 Beverly Rd

City State Zip Code
 Gainesville GA 30501-2034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 31 / 2014

Transaction ID : 21F5D9B6-ED2A-4605-9

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Marina Chechelnitsky

Mailing Address 227 N Jackson Ave

City State Zip Code
 San Jose CA 95116-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 21 / 2014

Transaction ID : 2365B3E6-43F0-4690-A

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

698.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Donald Cinotti

Mailing Address 600 Pavonia Ave Ste 6

City State Zip Code
 Jersey City NJ 07306-2932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

MM / DD / YYYY
 07 / 15 / 2014

Transaction ID : 5C788D03-717C-44BE-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Robert Clark

Mailing Address 1252 Hidden Lake Drive

City State Zip Code
 Bloomfield Hills MI 48302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 07 / 18 / 2014

Transaction ID : D0F84A76-F959-4084-8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Scott Corin

Mailing Address 500 Faunce Corner Rd Bldg 100

City State Zip Code
 North Dartmouth MA 02747-1278

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

MM / DD / YYYY
 07 / 19 / 2014

Transaction ID : A431C545-F812-4F1A-8

Amount of Each Receipt this Period

1800.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. James Croley III

Mailing Address 613 Del Prado Blvd

City State Zip Code
Cape Coral FL 33990

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2014

Transaction ID : 51EFA5B3-4B3F-48EF-B

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Nannette Crowell

Mailing Address 2100 Little Mountain Ln

City State Zip Code
Mount Vernon WA 98274-8752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 25 / 2014

Transaction ID : 00BDD20A-69F1-4122-9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Richard Davenport

Mailing Address 2424 S 90th St Ste 204

City State Zip Code
West Allis WI 53227-2455

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.02

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2014

Transaction ID : 28A2B88B-7D02-4BF5-A

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

375.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 15 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. William Deegan

Mailing Address 6355 Walker Ln Ste 502

City

Alexandria

State

VA

Zip Code

22310-3251

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 18 / 2014

Transaction ID : 255CD55B-A307-4717-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joseph Doe

Mailing Address 1052 Gull Rd

City

Kalamazoo

State

MI

Zip Code

49048-1734

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

516.68

Date of Receipt

07 / 15 / 2014

Transaction ID : F1611D25-7FCD-4DEF-B

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Joseph Doe

Mailing Address 1052 Gull Rd

City

Kalamazoo

State

MI

Zip Code

49048-1734

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

516.68

Date of Receipt

07 / 31 / 2014

Transaction ID : B6D97C74-9C8D-45CE-A

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

591.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Nancy Efferson-Bonachea

Mailing Address 107 Riverway Pl

City State Zip Code
 Bedford NH 03110-6730

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 31 2014

Transaction ID : 29F717CF-0888-41F7-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. William Ehlers

Mailing Address 125 Secret Lake Rd

City State Zip Code
 Avon CT 06001-3465

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y
 07 15 2014

Transaction ID : 7918AF4E-B5A3-407A-B

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Stan Feil

Mailing Address 112 N Akers St Ste A

City State Zip Code
 Visalia CA 93291-5121

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
 07 31 2014

Transaction ID : 80F8575C-EE87-4D19-A

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)..... ►

625.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Christina Flaxel

Mailing Address 3375 SW Terwilliger Blvd

City State Zip Code
 Portland OR 97201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 11 / 2014

Transaction ID : E97E31CC-6CB0-4991-B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Gretchen Fuerste

Mailing Address 2140 JFK Rd

City State Zip Code
 Dubuque IA 52002-3883

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 30 / 2014

Transaction ID : DA41AFAB-B214-46DD-8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Sunir Garg

Mailing Address 840 Walnut St Ste 1020

City State Zip Code
 Philadelphia PA 19107-5109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 25 / 2014

Transaction ID : 7EB096AA-BE59-47CE-9

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

1615.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Sidney Gicheru

Mailing Address 4385 San Carlos Drive

City State Zip Code
 Dallas TX 75205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.32

Date of Receipt

07 / 15 / 2014

Transaction ID : D9E568BC-60C3-4EC2-A

Amount of Each Receipt this Period

208.33

Full Name (Last, First, Middle Initial)

B. Michael Gilbert

Mailing Address 12301 NE 10th Pl Ste 200

City State Zip Code
 Bellevue WA 98005-2487

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

07 / 15 / 2014

Transaction ID : 4A215B5D-0DCF-4E44-B

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Robert Gilliam

Mailing Address PO Box 3330

City State Zip Code
 Victoria TX 77903-3330

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 25 / 2014

Transaction ID : 3E15D78E-30B3-438D-A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

791.66

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Ronald Glatzer

Mailing Address 3205 Saint Charles Pl

City

Boca Raton

State

FL

Zip Code

33434-5335

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 19 / 2014

Transaction ID : CF4F0DBC-973B-459C-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Thomas Grabow

Mailing Address 18003 Hilltop Dr

City

Helotes

State

TX

Zip Code

78023-3123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 22 / 2014

Transaction ID : 597E1DD8-3CAD-4EBD-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Paul Greenfield

Mailing Address 503 Broadway

City

Everett

State

MA

Zip Code

02149

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 17 / 2014

Transaction ID : DE61C47C-3787-497E-8

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 61
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Linda Gunshefski

Mailing Address 299 W Tietan

City State Zip Code
Walla Walla WA 99362

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 23 / 2014

Transaction ID : 27236068-161C-459B-A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Maged Habib

Mailing Address 2300 S Congress Ave Ste 102

City State Zip Code
Boynton Beach FL 33426-7400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : 9702A59D-EC32-4331-A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Julia Haller

Mailing Address 840 Walnut St Ste 1510

City State Zip Code
Philadelphia PA 19107-5599

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 22 / 2014

Transaction ID : BDDF4C4A-C6CF-4FE4-A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 61
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Walter Hartel

Mailing Address 89 Sylvania Dr

City State Zip Code
Beavercreek OH 45440-3281

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 03 / 2014

Transaction ID : 882A3B25-83F7-4853-8

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Jean Hausheer

Mailing Address 29 NW Burr Oak Dr

City State Zip Code
Lawton OK 73507-8923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2014

Transaction ID : F1F4ADB2-6592-4060-8

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

c. Robert Haverly

Mailing Address 311 W 24th St Ste 401

City State Zip Code
Erie PA 16502-2667

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 22 / 2014

Transaction ID : DA5363F4-3DC6-4382-A

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

771.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Andrew Henrick

Mailing Address 24022 Calle De La Plata Ste 305

City

Laguna Hills

State

CA

Zip Code

92653-3629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 23 / 2014

Transaction ID : 259EE819-F835-4118-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jeffrey Hertz

Mailing Address 79 Wawecus St Ste 105

City

Norwich

State

CT

Zip Code

06360-2178

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 23 / 2014

Transaction ID : 2E4A5609-7B3B-43C1-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. George Hilts III

Mailing Address 200 S 5th St

City

Bismarck

State

ND

Zip Code

58504-5675

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

07 / 18 / 2014

Transaction ID : 489AC04B-5B5A-4EA6-B

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. William Holcomb

Mailing Address 1813 Kress St NE

City State Zip Code
 Cullman AL 35058-1565

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

07 / 15 / 2014

Transaction ID : 0DDCC393-959B-4E27-B

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. G. Baker Hubbard

Mailing Address 1365B Clifton Rd NE Ste B4401

City State Zip Code
 Atlanta GA 30322-1013

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.01

Date of Receipt

07 / 15 / 2014

Transaction ID : 21CEB5B8-E312-4D81-9

Amount of Each Receipt this Period

2.08

Full Name (Last, First, Middle Initial)

c. G. Baker Hubbard

Mailing Address 1365B Clifton Rd
 Ste B4401

City State Zip Code
 Atlanta GA 30322-1013

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.01

Date of Receipt

07 / 15 / 2014

Transaction ID : 993DE5B3-684D-4D7C-B

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

127.08

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Morton Israel

Mailing Address 770 Magnolia Ave Ste 2D

City State Zip Code
 Corona CA 92879-3122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 31 / 2014

Transaction ID : C26A697A-8A85-4F91-A

Amount of Each Receipt this Period

833.33

Full Name (Last, First, Middle Initial)

B. Edward Jaeger

Mailing Address 840 Walnut St Ste 800

City State Zip Code
 Philadelphia PA 19107-5109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 29 / 2014

Transaction ID : AA68F038-CF70-47BF-9

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Johanna Jensen

Mailing Address 1615 12th Ave Rd Ste A

City State Zip Code
 Nampa ID 83686-6184

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 17 / 2014

Transaction ID : 3EE7ADC3-B219-4AF9-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

833.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Joshua Kalin

Mailing Address 15942 Lomond Hills Trl

City

Delray Beach

State

FL

Zip Code

33446-3160

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 21 / 2014

Transaction ID : B0B58111-F6C5-4B30-A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James Kao

Mailing Address PO Box 61855

City

Irvine

State

CA

Zip Code

92602-6061

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

07 / 18 / 2014

Transaction ID : 21B082C2-8A9E-453A-B

Amount of Each Receipt this Period

900.00

Full Name (Last, First, Middle Initial)

C. Jean Katow

Mailing Address 420 E 3rd St Ste 603

City

Los Angeles

State

CA

Zip Code

90013-1645

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 21 / 2014

Transaction ID : 18612989-5D3A-42F7-B

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Larisa Kayserman

Mailing Address 1200 E Ridgewood Ave

City State Zip Code
 Ridgewood NJ 07450-3957

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 21 / 2014

Transaction ID : DB0A0829-48FB-4DF2-8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Donald Keller

Mailing Address 4745 Arapahoe Ave Ste 100

City State Zip Code
 Boulder CO 80303-1082

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 14 / 2014

Transaction ID : 54A2A9B3-E074-48B2-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Melissa Kern

Mailing Address 46169 Westlake Dr Ste 130

City State Zip Code
 Sterling VA 20165-5875

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : 1E5DF656-5E2B-4B65-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. David Kinsler

Mailing Address 426 W Main St

City State Zip Code
 Salem VA 24153

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 15 / 2014

Transaction ID : 7235077C-470C-4C02-A

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Craig Kliger

Mailing Address 100 Galewood Cir

City State Zip Code
 San Francisco CA 94131-1132

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 15 / 2014

Transaction ID : 648EFB6A-9973-4F60-A

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Daniel Krivoy

Mailing Address 9808 Venice Blvd Ste 400

City State Zip Code
 Culver City CA 90232-6807

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.16

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 31 / 2014

Transaction ID : 6D0C5C44-4B1D-446D-9

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

102.51

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 61

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Daniel Krivoy

Mailing Address Ste 400

9808 Venice Blvd

City

Culver City

State

CA

Zip Code

90232-6800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

304.16

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : B12A5BC7-1BD4-456F-9

Amount of Each Receipt this Period

30.38

Full Name (Last, First, Middle Initial)

B. Karren Laird

Mailing Address 231 Windermere Blvd

City

Alexandria

State

LA

Zip Code

71303-3538

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 15 / 2014

Transaction ID : AE01133B-1B23-4368-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Suzanne Li

Mailing Address 2100 Webster St Ste 209

City

San Francisco

State

CA

Zip Code

94115-2375

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 23 / 2014

Transaction ID : D4A8FBF0-6733-4AFB-B

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ▶

895.38

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 61

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jeffrey Todd Liegner

Mailing Address 350 Sparta Ave Bldg A

City State Zip Code
Sparta NJ 07871-1150

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 18 / 2014

Transaction ID : B2F7936E-CE1D-46D5-B

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Kim Lindenmuth

Mailing Address 813 Lyndhurst Ct

City State Zip Code
Naperville IL 60563

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2014

Transaction ID : 97B78926-6B26-4899-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael Lynch

Mailing Address 11211 Sepulveda Blvd

City State Zip Code
Mission Hills CA 91345

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 03 / 2014

Transaction ID : 65AE5E81-97E0-4B39-9

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3365.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Ben Mahan

Mailing Address 926 N Jackson St

City State Zip Code
 Tullahoma TN 37388-2300

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 15 / 2014

Transaction ID : 5F3C03A0-12A6-4BBA-A

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Vasilis Makris

Mailing Address 3300 W Purdue Ave

City State Zip Code
 Muncie IN 47304-6355

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 15 / 2014

Transaction ID : 7E6DE383-A0B4-41AB-9

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Raul Masvidal

Mailing Address 250 SW 42nd Ave

City State Zip Code
 Miami FL 33134

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 15 / 2014

Transaction ID : 27249206-3D0B-4A12-B

Amount of Each Receipt this Period

30.42

SUBTOTAL of Receipts This Page (optional)..... ►

445.42

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Richard Maw

Mailing Address 265 N 185th Plz Apt 109

City State Zip Code
 Elkhorn NE 68022-7939

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 09 / 2014

Transaction ID : 8D6B596F-B5E2-4AEC-8

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Timothy McGarity

Mailing Address 201 W Broadway Ste 4A

City State Zip Code
 Columbia MO 65203-3842

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 22 / 2014

Transaction ID : 2DEA21BA-9533-4640-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John McGetrick

Mailing Address 635 1st St N

City State Zip Code
 Winter Haven FL 33881-4191

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 20 / 2014

Transaction ID : F221F303-AC74-40C7-A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 61
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Robert Melendez

Mailing Address 735 Grey Hawk Dr NE

City State Zip Code
Rio Rancho NM 87144-4709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.63

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2014

Transaction ID : A7969F9D-C4B3-4B42-B

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. Aaron Miller

Mailing Address 1699 Research Forest Dr Ste 150

City State Zip Code
The Woodlands TX 77380-2792

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1033.32

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2014

Transaction ID : 00C8BA5E-DC04-4B5E-B

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Aaron Miller

Mailing Address 31 S Almondell Way

City State Zip Code
The Woodlands TX 77354

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1033.32

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 15 / 2014

Transaction ID : FC61EE1E-6BD5-4944-B

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

225.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Aaron Miller

Mailing Address 31 S Almondell Way

City State Zip Code
The Woodlands TX 77354

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1033.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : 9CD98B64-5A47-41BA-8

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Amalia Miranda

Mailing Address 3435 NW 56th St Ste 700

City State Zip Code
Oklahoma City OK 73112-4442

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

948.31

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2014

Transaction ID : BABDC2F1-79C8-45AC-9

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Kenneth Musson

Mailing Address 929 Business Park Dr

City State Zip Code
Traverse City MI 49686-8683

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 14 / 2014

Transaction ID : 32A24240-A55E-48D2-9

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

548.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Clifford Myers

Mailing Address 5401 N Knoxville Ave Ste 106

City State Zip Code
Peoria IL 61614-5021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 14 / 2014

Transaction ID : D4560681-EB7D-4207-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. T. Michael Nork

Mailing Address 17 Hickory Hollow Dr

City State Zip Code
Madison WI 53705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 19 / 2014

Transaction ID : 7873E28A-85F2-4956-B

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Edward O'Malley

Mailing Address 526 Saddle Lane

City State Zip Code
Grosse Pointe MI 48236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 09 / 2014

Transaction ID : FF1C1332-7808-43AB-8

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 35 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Alethia Pantazis

Mailing Address 2370 Laurel Run Dr.

City State Zip Code
Ocala FL 34471

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 09 / 2014

Transaction ID : C6A7D8D5-33CC-4B99-B

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Jeffrey Parnell

Mailing Address 9933 Lawler Ave Ste 207

City State Zip Code
Skokie IL 60077-3705

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : 2CF6B872-344C-4C35-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Anjali Pathak

Mailing Address 500 N and South Rd Apt 106

City State Zip Code
Saint Louis MO 63130-3937

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : 14A289B6-1B21-418B-A

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1730.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. George Patterson

Mailing Address 8218 Wisconsin Ave Ste P-10

City State Zip Code
 Bethesda MD 20814-3107

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 29 2014

Transaction ID : 496BF8AA-43AA-438B-A

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Lawrence Platt

Mailing Address 3805 Spring St

City State Zip Code
 Racine WI 53405-1667

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 23 2014

Transaction ID : 66DDE0D2-7422-4C41-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Tayyib Rana

Mailing Address 22059 Auction Barn Drive

City State Zip Code
 Ashburn VA 20148

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 18 2014

Transaction ID : F72CD747-4DC4-46A0-A

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1365.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Philip Rizzuto

Mailing Address 120 Dudley St Ste 301

City State Zip Code
 Providence RI 02905-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

07 / 31 / 2014

Transaction ID : 88F6327D-46F3-4956-9

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

B. Jay Rudd

Mailing Address 345 College St SE Ste C

City State Zip Code
 Lacey WA 98503-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 07 / 2014

Transaction ID : 6937E9A8-FA40-410E-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John Saunders

Mailing Address 1517 Nicholasville Rd Ste 101

City State Zip Code
 Lexington KY 40503-1429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 29 / 2014

Transaction ID : 6B3D0378-93E1-4F89-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1041.67

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Sophia Schluter

Mailing Address 4327 Hessel Rd

City State Zip Code
 Sebastopol CA 95472-6062

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 14 / 2014

Transaction ID : 2C750B96-3F58-4618-A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Todd Schneiderman

Mailing Address 9800 Levin Rd NW Ste 203

City State Zip Code
 Silverdale WA 98383-7849

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 25 / 2014

Transaction ID : 78B66FE1-83AC-4A28-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Paul Schultz

Mailing Address 1408 E Barnett Rd

City State Zip Code
 Medford OR 97504-8279

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1458.31

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 31 / 2014

Transaction ID : 803EF564-EA29-475F-A

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)..... ►

958.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jane Semel

Mailing Address 390 N Sepulveda Blvd Ste 1100

City State Zip Code
 El Segundo CA 90245-4476

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 07 / 22 / 2014

Transaction ID : 1F67ED9E-D47F-4BF5-A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Daniel Shapiro

Mailing Address 90 S Bedford Rd

City State Zip Code
 Mount Kisco NY 10549-3422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 07 / 22 / 2014

Transaction ID : 509B9A67-CA5B-4B3B-A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Richard Sherry

Mailing Address 2500 Grubb Rd Ste 234

City State Zip Code
 Wilmington DE 19810-4796

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.92

Date of Receipt

MM / DD / YYYY
 07 / 31 / 2014

Transaction ID : 6406BF83-F010-4ADA-B

Amount of Each Receipt this Period

30.41

SUBTOTAL of Receipts This Page (optional)..... ►

530.41

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Debra Shetlar

Mailing Address 2002 Holcombe Blvd Ste 112C

City State Zip Code
Houston TX 77030-4211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 23 / 2014

Transaction ID : 671F5395-E982-47DE-B

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Edward Shubert

Mailing Address 17070 Red Oak Dr Ste 405

City State Zip Code
Houston TX 77090-2616

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 07 / 2014

Transaction ID : 97AC185C-C9C6-42EE-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Eric Alfred Sieck

Mailing Address 1025 Maine St

City State Zip Code
Quincy IL 62301-4038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 29 / 2014

Transaction ID : 3EC79DF8-7FE4-4741-A

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Kevin Smith

Mailing Address 408 S Main St

City State Zip Code
 Greenville PA 16125-1773

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 07 / 2014

Transaction ID : EEB59C87-9711-4807-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Lee Snyder

Mailing Address 23 Crossroads Dr Ste 310

City State Zip Code
 Owings Mills MD 21117-5478

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 21 / 2014

Transaction ID : D34DD0DE-1679-4224-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Cameron Stone

Mailing Address 21 Medical Park Dr

City State Zip Code
 Asheville NC 28803-2493

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.32

Date of Receipt

07 / 15 / 2014

Transaction ID : D6880384-D6B9-48BC-9

Amount of Each Receipt this Period

208.33

SUBTOTAL of Receipts This Page (optional)..... ►

1208.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. James Sutton

Mailing Address 3631 Bienville Blvd

City

Ocean Springs

State

MS

Zip Code

39564-5702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 14 / 2014

Transaction ID : D3DA1F79-B9EA-4E5F-B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Steven Swedberg

Mailing Address 21827 76th Ave W Ste 102

City

Edmonds

State

WA

Zip Code

98026-7981

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 07 / 2014

Transaction ID : 8A9AF035-AE4D-43EA-8

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Eric Thomas

Mailing Address 6601 S. Minnesota Avenue Suite: 20

City

Sioux Falls

State

SD

Zip Code

57108-2564

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
07 / 17 / 2014

Transaction ID : 4C025565-D3EB-4041-B

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Albert Lon Ungricht

Mailing Address 5770 S 250 E Ste 410

City

Salt Lake City

State

UT

Zip Code

84107-8178

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 22 / 2014

Transaction ID : E9D7FA68-587A-49C7-A

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Alan Wagner

Mailing Address 5520 Greenwich Rd Ste 204

City

Virginia Beach

State

VA

Zip Code

23462-6541

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

07 / 15 / 2014

Transaction ID : C0AF3917-99E9-46EF-A

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. William Thomas Walton

Mailing Address 13919 Bluff Wind

City

San Antonio

State

TX

Zip Code

78216-7923

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

07 / 17 / 2014

Transaction ID : 7156435F-1FF8-45B5-8

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1093.33

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. William Waterhouse

Mailing Address 2478 Patterson Rd Ste 7

City State Zip Code
 Grand Junction CO 81505-3606

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 07 2014

Transaction ID : 0AC10B54-BF99-4E25-8

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Tay Weinman

Mailing Address 571 West 7th St

City State Zip Code
 San Pedro CA 90731-3115

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 15 2014

Transaction ID : 66489558-F159-40D9-A

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Tay Weinman

Mailing Address 571 West 7th St

City State Zip Code
 San Pedro CA 90731-3115

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.04

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 07 31 2014

Transaction ID : 4B26CB99-757C-4801-9

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)..... ►

1083.34

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 45 OF 61

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Kevin Wienkers

Mailing Address PO Box 13097

City

Green Bay

State

WI

Zip Code

54307-3097

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

865.00

Date of Receipt

07 / 03 / 2014

Transaction ID : 17847110-A58E-4CE7-A

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joseph Williams

Mailing Address 591 Lincoln St

City

Worcester

State

MA

Zip Code

01605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 31 / 2014

Transaction ID : 0658885E-1638-4681-9

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John Wilmeth

Mailing Address PO Box 1226

City

Anderson

State

SC

Zip Code

29622-1226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Ophthalmologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 23 / 2014

Transaction ID : C5A5B7C5-8B22-429D-8

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 61
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Lauren Yancey

Mailing Address 400 Scenic View Ln

City State Zip Code
 Carrollton GA 30116-1856

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.94

Date of Receipt

M M / D D / Y Y Y Y Y
 07 31 2014

Transaction ID : 13E8A8DD-167F-4DF7-8

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

B. Mei-Ling Yee

Mailing Address 142 Palisade Ave Ste 208

City State Zip Code
 Jersey City NJ 07306-1108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self

Ophthalmologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 30 2014

Transaction ID : 9F3C86FC-155E-4F57-A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

280.42

TOTAL This Period (last page this line number only)..... ►

43698.62

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 61

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank N.A.

Mailing Address PO Box 63020

City	State	Zip Code
San Francisco	CA	94163

Purpose of Disbursement
Bank charges - Jul 2014

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2014

Transaction ID : 777C59B48DA5130F5C3

Amount of Each Disbursement this Period

56.21

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

56.21

56.21

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 48 OF 61

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. 21st Century Majority Fund

Mailing Address 6065 Roswell Road, #2274

City Atlanta State GA Zip Code 30328

Purpose of Disbursement
2014 Contribution

Candidate Name

21st Century Majority Fund

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 16 / 2014

Transaction ID : D72787D1010B6E81E13

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Ameripac: the Fund for a Greater America

Mailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2014 Contribution

Candidate Name

Ameripac: the Fund for a Greater America

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 30 / 2014

Transaction ID : FE543A3A4C2B0B131AE

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Ami Bera for Congress

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement
2014 General

Candidate Name

Ameriash B. Bera

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 16 / 2014

Transaction ID : 322E3F277162CC98A93

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Bera Victory Fund

Mailing Address PO Box 582496

City	State	Zip Code
Elk Grove	CA	95758

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Bera Victory Fund

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Transaction ID : E3BB8AA9CE793617A40

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Blaine for Congress

Mailing Address PO Box 1025

City	State	Zip Code
Jefferson City	MO	65102

Purpose of Disbursement
2014 Primary

011

Candidate Name

W. Blaine Luetkemeyer

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MO District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		16		2014

Transaction ID : F8C57285511732CCECD

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Chesapeake PAC

Mailing Address 2470 Daniell's Bridge Rd Ste 121

City	State	Zip Code
Athens	GA	30606

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Chesapeake PAC

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District: Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2014

Transaction ID : D5ED8BF8533E06D0312

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

9000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Connolly for Congress

Mailing Address 3706 Prado Place

City Fairfax	State VA	Zip Code 22031
-----------------	-------------	-------------------

Purpose of Disbursement
2014 General

011

Candidate Name

Gerald E. ConnollyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Transaction ID : 8756F8627E090561506

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. David Schweikert for CongressMailing Address 228 S Washington Street
Suite 115

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Disbursement
2014 Primary

011

Candidate Name

David SchweikertCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2014

Transaction ID : 641DA7EE866986187B9

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. David Scott for Congress

Mailing Address PO Box 960821

City Riverdale	State GA	Zip Code 30296
-------------------	-------------	-------------------

Purpose of Disbursement
2014 General

011

Candidate Name

David Albert ScottCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2014

Transaction ID : CB9213DFEA721BB0C30

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Defending and Investing in America's New Endeavors PAC (DIANE PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		16		2014

Mailing Address PO Box 1437

Transaction ID : 0E2D3A9B518DDDA8989

City	State	Zip Code
Gallatin	TN	37066

Amount of Each Disbursement this Period

Purpose of Disbursement
2014 Contribution

011

2500.00

Candidate Name
Defending and Investing in America's New Endeavors PAC (DIANE PAC)Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Contribution

Full Name (Last, First, Middle Initial)

B. Democrats Win Seats (DWS PAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		16		2014

Mailing Address PO Box 83142

Transaction ID : 600B0133F798F1D9F21

City	State	Zip Code
Gaithersburg	MD	20883

Amount of Each Disbursement this Period

Purpose of Disbursement
2014 Contribution

011

2500.00

Candidate Name
Democrats Win Seats (DWS PAC)Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Contribution

Full Name (Last, First, Middle Initial)

C. Denham for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		16		2014

Mailing Address 2150 River Plaza Dr., #150

Transaction ID : CA3EA412BBAF5D9566F

City	State	Zip Code
Sacramento	CA	95833

Amount of Each Disbursement this Period

Purpose of Disbursement
2014 General

011

1500.00

Candidate Name
Jeffrey DenhamCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 10

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Dr Monica Wehby for US Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2014

Mailing Address PO Box 3375

City	State	Zip Code
Portland	OR	97208

Transaction ID : 17E1D8E167A2187A091Purpose of Disbursement
2014 General

011

Amount of Each Disbursement this Period

5000.00

Candidate Name

Monica WehbyCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: OR District:

Full Name (Last, First, Middle Initial)

B. Dr. Raul Ruiz for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Mailing Address PO Box 3433

City	State	Zip Code
Palm Desert	CA	92261

Transaction ID : 623F918C7B35F880901Purpose of Disbursement
2014 General

011

Amount of Each Disbursement this Period

5000.00

Candidate Name

Raul RuizCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 36

Full Name (Last, First, Middle Initial)

C. Friends of Bill Posey

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2014

Mailing Address PO Box 411486

City	State	Zip Code
Melbourne	FL	32941

Transaction ID : DC209A949BBC14CF3C9Purpose of Disbursement
2014 Primary

011

Amount of Each Disbursement this Period

2500.00

Candidate Name

Bill PoseyCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: FL District: 08

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Friends of Dave Reichert

Mailing Address PO Box 2032

City Issaquah	State WA	Zip Code 98027
------------------	-------------	-------------------

Purpose of Disbursement
2014 Primary

011

Candidate Name

David G. ReichertCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2014

Transaction ID : 4C2CB4221A851CA405E

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Erik PaulsenMailing Address PO Box 44369
250 Prairie Center Drive

City Eden Prairie	State MN	Zip Code 55344
----------------------	-------------	-------------------

Purpose of Disbursement
2014 General

011

Candidate Name

Erik PaulsenCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		16		2014

Transaction ID : D66A4976DF0AA321127

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Michelle

Mailing Address PO Box 25422

City Albuquerque	State NM	Zip Code 87125
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Purpose of Disbursement
2014 General

011

Candidate Name

Michelle Lujan GrishamCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NM District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		16		2014

Transaction ID : AC3B1C9F2360E209522

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Friends of Schumer

Mailing Address 192 Lexington Avenue Suite 1001

City	State	Zip Code
New York	NY	10016

Purpose of Disbursement
2016 Primary

011

Candidate Name

Charles E. Schumer

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		16		2014

Transaction ID : DAD27D89D52EF103EFA

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Georgians for Isakson

Mailing Address Post Office Box 250116

City	State	Zip Code
Atlanta	GA	30325

Purpose of Disbursement
2016 Primary

011

Candidate Name

Johnny Isakson

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: GA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		16		2014

Transaction ID : 89F4DFA6693FEE9272D

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Gillibrand for SenateMailing Address 236 Massachusetts Ave NE
Suite 110

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
2018 Primary

011

Candidate Name

Kirsten Elizabeth Gillibrand

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2014

Transaction ID : 848D2312BFAF393FA10

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Jeff Miller for Congress

Mailing Address PO Box 126

City Pensacola	State FL	Zip Code 32591
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Purpose of Disbursement
2014 Primary

Candidate Name

Jefferson B. MillerOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		23		2014

Transaction ID : 6579B7686EB481993A0

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Jim Tracy for Congress

Mailing Address PO Box 332490

City Murfreesboro	State TN	Zip Code 37133
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Purpose of Disbursement
2014 Primary

Candidate Name

Jim TracyOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2014

Transaction ID : 0B3B8ABB5997C1587BC

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Jo Bentivegna for Congress

Mailing Address PO Box 321116

City Fairfield	State CT	Zip Code 06825
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Purpose of Disbursement
Void Check Originally reported on 4/24/14

Candidate Name

Joseph BentivegnaOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		02		2014

Transaction ID : 40AF55DEF0A931D140F

Amount of Each Disbursement this Period

-2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Johnson for Congress

Mailing Address PO Box 14496

City	State	Zip Code
Poland	OH	44514

Purpose of Disbursement
2014 General

011

Candidate Name

Bill Johnson

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	10	/	2014

Transaction ID : 5A193C43D16B2E37597

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Kind for Congress Committee

Mailing Address 205 5th Avenue South

City	State	Zip Code
La Crosse	WI	54601

Purpose of Disbursement
2014 Primary

011

Candidate Name

Ron Kind

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	16	/	2014

Transaction ID : 55B37CEA545E212588C

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kirkpatrick for Arizona

Mailing Address PO Box 12011

City	State	Zip Code
Casa Grande	AZ	85130

Purpose of Disbursement
2014 Primary

011

Candidate Name

Ann Kirkpatrick

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	23	/	2014

Transaction ID : DFF6DD4DDFC61C1EC8A

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Lee Terry for Congress

Mailing Address PO Box 540098

City Omaha	State NE	Zip Code 68154-0098
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Purpose of Disbursement
2014 General

011

Candidate Name

Lee Terry

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NE District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2014

Transaction ID : 01477F1855509136EC5

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mark Takano for Congress

Mailing Address PO Box 5214

City Riverside	State CA	Zip Code 92517
-------------------	-------------	-------------------

Purpose of Disbursement
2014 General

011

Candidate Name

Mark Allan Takano

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 41

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		16		2014

Transaction ID : 26B645D4902E29E1BE9

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. McConnell Senate Committee '14

Mailing Address PO Box 1496

City Louisville	State KY	Zip Code 40201
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Purpose of Disbursement
2014 General

011

Candidate Name

Mitch McConnell

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Transaction ID : 39934F4C3680AABB208

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. McHenry for Congress

Mailing Address PO Box 1406

City	State	Zip Code
Hickory	NC	28603-1406

Purpose of Disbursement
2014 General

011

Candidate Name

Patrick Timothy McHenry

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		16		2014

Transaction ID : BB59969DFC093DF5731

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mike Crapo for US Senate

Mailing Address PO Box 1948

City	State	Zip Code
Boise	ID	83701

Purpose of Disbursement
Void ck issued on 3/20/14.

011

Candidate Name

Michael D. Crapo

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2014

Transaction ID : 5132878D7A145501A6F

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

C. Mike Rogers for Congress

Mailing Address 123 East 13th Street

City	State	Zip Code
Anniston	AL	36201

Purpose of Disbursement
2014 General

011

Candidate Name

Michael Dennis Rogers

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: AL District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		10		2014

Transaction ID : 2E113FC518204940ED9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Miller-Meeks for Congress

Mailing Address PO Box 1103

City Ottumwa	State IA	Zip Code 52501
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Purpose of Disbursement
2014 General

011

Candidate Name

Mariannette Jane Miller-Meeks

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: IA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2014

Transaction ID : 7BB70F7E4EE38F991AC

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Pedro for Congress

Mailing Address PO Box 2854

City Redmond	State WA	Zip Code 98073-2854
-----------------	-------------	------------------------

Purpose of Disbursement
2014 Primary

011

Candidate Name

Pedro Celis

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		16		2014

Transaction ID : 607273AED3AA4A07023

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Price for Congress

Mailing Address PO Box 425

City Roswell	State GA	Zip Code 30077
-----------------	-------------	-------------------

Purpose of Disbursement
2014 General

011

Candidate Name

Thomas E. Price M.D.

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Transaction ID : 38AFBFDD433AE283A1A

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Richard E Neal for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		23		2014

Mailing Address 76 Magnolia Terrace

City	State	Zip Code
Springfield	MA	01108

Purpose of Disbursement
2014 Primary

011

Transaction ID : 03AD01D99C609CB896A

Amount of Each Disbursement this Period

2500.00

Candidate Name

Richard Edmund Neal

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MA District: 01

Full Name (Last, First, Middle Initial)

B. Roskam for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Mailing Address PO Box 713

City	State	Zip Code
Wheaton	IL	60187

Purpose of Disbursement
2014 General

011

Transaction ID : A3F7C72C193E0A81695

Amount of Each Disbursement this Period

2500.00

Candidate Name

Peter J. Roskam

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District: 06

Full Name (Last, First, Middle Initial)

C. Ruiz Victory Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		30		2014

Mailing Address PO Box 3433

City	State	Zip Code
Palm Desert	CA	92261

Purpose of Disbursement
2014 Contribution

011

Transaction ID : B2D32A69ED8DAE6965D

Amount of Each Disbursement this Period

2500.00

Candidate Name

Ruiz Victory Fund

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼

State: District: Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 61

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Ophthalmology Inc Political Committee (OPHTHPAC)

Full Name (Last, First, Middle Initial)

A. Ryan for Congress, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2014

Mailing Address PO Box 1488

City	State	Zip Code
Janesville	WI	53547-1488

Transaction ID : A0398D90A2DDFB4250B

Purpose of Disbursement
2014 Primary

011

Amount of Each Disbursement this Period

Candidate Name

Paul Ryan

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 01

Amount	1000.00
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Full Name (Last, First, Middle Initial)

B. Scalise for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2014

Mailing Address PO Box 23219

City	State	Zip Code
Jefferson	LA	70183-3219

Transaction ID : 4EA5ED506E3CC0B0ED9

Purpose of Disbursement
2014 Primary

011

Amount of Each Disbursement this Period

Candidate Name

Stephen J. Scalise

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 01

Amount	1000.00
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Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount	
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SUBTOTAL of Disbursements This Page (optional).....▶

2000.00

TOTAL This Period (last page this line number only).....▶

84500.00